

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc		11/18/99
O.I.P.E. CLASSIFIER		59	11/15/99
FORMALITY REVIEW	XC	71470	11/30/99

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted                    O ..... Objected

Claim	Final	Original	Date
1	✓	1	
2	✓	2	
3	✓	3	
4	✓	4	
5	✓	5	
6	✓	6	
7	✓	7	
8	✓	8	
9	✓	9	
10	✓	10	
11	✓	11	
12	✓	12	
13	✓	13	
14	✓	14	
15	✓	15	
16	✓	16	
17	✓	17	
18	✓	18	
19	✓	19	
20	✓	20	
21	✓	21	
22	✓	22	
23	✓	23	
24	✓	24	
25	✓	25	
26	✓	26	
27	✓	27	
28	✓	28	
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39	✓	39	
40	✓	40	
41	✓	41	
42	✓	42	
43	✓	43	
44	✓	44	
45	✓	45	
46	✓	46	
47	✓	47	
48	✓	48	
49	✓	49	
50	✓	50	

Claim	Final	Original	Date
51	✓	51	
52	✓	52	
53	✓	53	
54	✓	54	
55	✓	55	
56	✓	56	
57	✓	57	
58	✓	58	
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68	✓	68	
69	✓	69	
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92	✓	92	
93	✓	93	
94	✓	94	
95	✓	95	
96	✓	96	
97	✓	97	
98	✓	98	
99	✓	99	
100	✓	100	

Claim	Final	Original	Date
110	✓	110	
112	✓	112	
113	✓	113	
114	✓	114	
115	✓	115	
116	✓	116	
117	✓	117	
118	✓	118	
119	✓	119	
120	✓	120	
121	✓	121	
122	✓	122	
123	✓	123	
124	✓	124	
125	✓	125	
126	✓	126	
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141	✓	141	
142	✓	142	
143	✓	143	
144	✓	144	
145	✓	145	
146	✓	146	
147	✓	147	
148	✓	148	
149	✓	149	
150	✓	150	

If more than 150 claims or 10 actions  
staple additional sheet here

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